North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services

NC-TOPPS

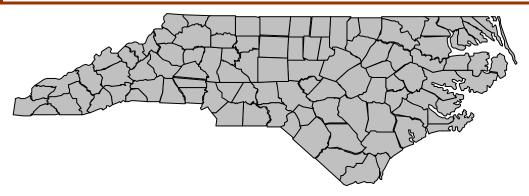
North Carolina Treatment Outcomes and Program Performance System

Adult Substance Abuse Consumers Johnston LME

Initial Matched to 3-Month Update or Completed Treatment Interview Initials Conducted: July 1, 2006 through June 30, 2007

(Note: This report includes 3-month or Discharge Completed Treatment Interviews thru December 2007)

Purpose of Report: To assess behavior for consumers progressing in treatment or who have been discharged as "completed treatment." Consumers are included who have at least one month but not more than six months of treatment when discharged or when the 3 month interview was conducted.



Data Collected By: Center for Urban Affairs and Community Services (CUACS)

NC State University

Mindy McNeely, Project Director

Report Produced By: Institute for Community-Based Research

National Development & Research Institutes, Inc. (NDRI)

Marge Cawley, Project Director

Gail Craddock, Senior Research Analyst

Prepared For: Quality Management Team

Community Policy Management Section

DMH/DD/SAS NC DHHS

January 2008







Adult Substance Abuse Consumers

Matched Initial/Update Report

This feedback report is available to Local Management Entities, providers and the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services on data gathered for substance abuse consumers through the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS). This report provides information gathered through the online NC-TOPPS Initial and Update or Episode Completion (Discharge) Interviews. It provides charts, tables and text information on substance abuse consumers' demographic characteristics, substance use, symptoms, behaviors and activities, service needs, supports and barriers, family and housing issues and outcome measures collected through an interview with the consumer during treatment. It should be noted that not every data element or response category on the NC-TOPPS Interviews are displayed in this report.

Throughout this report, the word "Update" will also refer to the completed treatment interview.

Please note that the charts and tables may not always match online queries that you may conduct. The data used in these reports will not necessarily reflect the same points in time. In addition, NDRI who produces these reports cleans the data and removes apparent duplicates prior to preparing the tables and charts.

Additional information about NC-TOPPS and pdf copies of the online NC-TOPPS interviews are located at: http://nctopps.ncdmh.net/

General Information on Interpreting Tables

Types of Statistics

- ► A <u>count</u> shows the actual number (often designated by the letter "n") of clients.
- ► A <u>percentage</u> is the number of clients with a characteristic or behavior divided by all the clients in the group of interest multiplied by 100. Percentages will be designated with a % sign next to the number.
- ► An <u>average</u> is the sum of a set of numbers divided by the number of numbers in the set. When a number in a cell is an average, the word average will appear in the row descriptor.
- ▶ A <u>median</u> is the middle number in a set of numbers, arranged from lowest to highest. For example, the median for the following numbers: 9, 12, 12, 15, 17, 20, 22, 23, 25, 28, 31, 35, 62 is the bolded number, 22. Medians are important measures of central tendency, especially when a mean may be skewed by a very high or very low value. When a number in a cell is a median, the word median will appear in the row descriptor.

Missing Data

For many of the NC-TOPPS interviews, a particular item or question may have been left blank. In calculating the means, medians, and percentages in cells of questionnaire items, this missing data is excluded from the calculation. For example, program X may have submitted 50 assessments but in 2 of the assessments, gender was left blank. When the percent of males is calculated, the 25 males are shown as 52% (25/48*100).

Denominator

The denominator for nearly all percentages is the number of cases shown on the bottom left of the page minus item missing data. All exceptions to this general rule are **specifically noted** with appropriate text in the graphic or table. This text will state which group is included or excluded from the denominator, such as "of those in the labor force" or "of those with children."

Multiple Response

"Multiple response" indicates a "mark all that apply" type question in which more than one response to a question is allowed. The total of responses may add to greater than 100%. Examples are health insurance or target population. This is in contrast to items such as gender where only a single response is allowed.

Time periods of behaviors in Assessments

Behaviors are measured at several time periods including the past year, the past 6-months, the past 3-months, the past month, or since last interview. For the Initial Interviews, the time periods can generally be construed to mean the time period before treatment begins. For the Update Assessments the time is measured from the time at which the interview occurs back one month, 3-months, or since the last assessment.

Definitions of terms

The Appendix at the end of the report gives definitions of acronymns, abbreviations, and other terms used in this report.

Notes:

Report excludes consumers in private methadone treatment programs.



This table shows the number of matched consumers in this report by provider. This is the number of Initials done during the fiscal year 2006-2007 for whom there was a 3-month update interview or a completed treatment interview conducted by December 31, 2007.

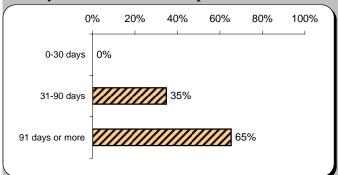
Provider	City	ProviderID	Number
Community Based Learning Alternatives Center	Smithfield	1661	3
Day By Day Treatment Center	Selma	1098	14
Johnston County Mental Health	Smithfield	27	153
Total			170



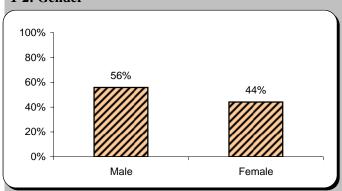
Part I

Part I of this report includes descriptive information about the matched consumers. This information on the types of consumers, time in treatment, types of services needed and being rendered helps with the understanding of the behavioral changes shown in Part II and Part III of this report.

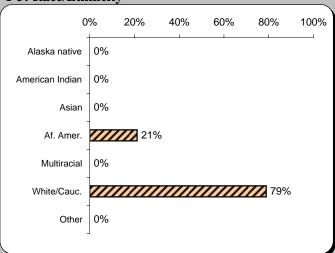
1-1: Days Between Initial and Update Interviews



1-2: Gender



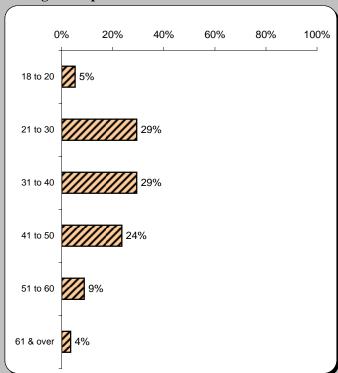
1-3: Race/Ethnicity



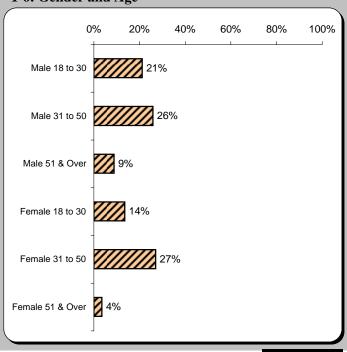
1-4: Hispanic

1% of Johnston consumers are Hispanic.

1-5: Age Group

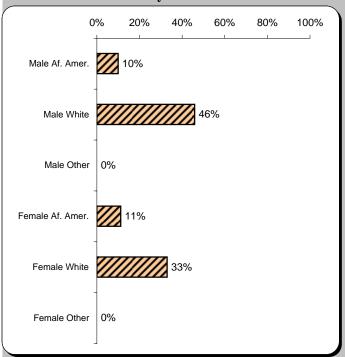


1-6: Gender and Age

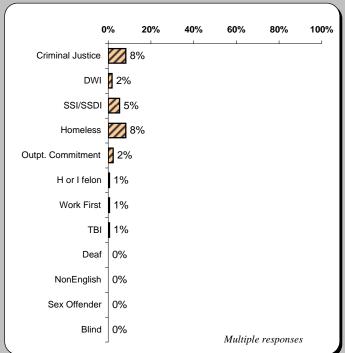




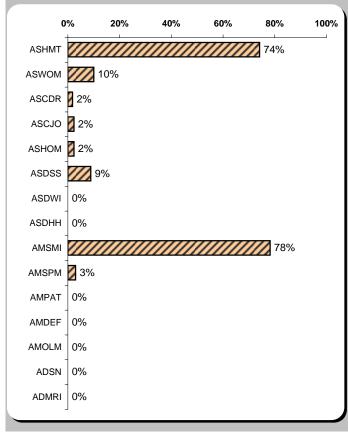
2-1: Gender and Ethnicity



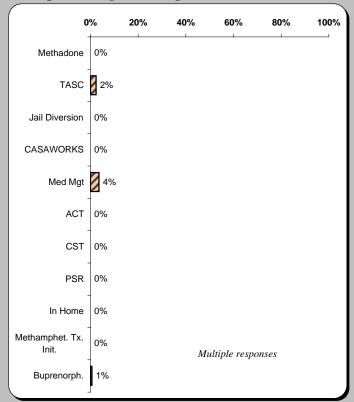
2-3: Special Populations at Update



2-2: IPRS Target Populations at Update



2-4: Special Programs at Update





3-1: Primary Drug Problem at Initial Interview 0% 20% 40% 60% 80% 100% Alcohol 45% Marijuana 15% Cocaine 0% Opiates 8%

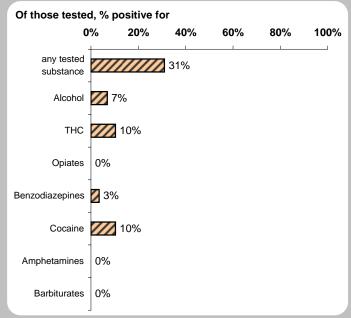
3-2: DSM-IV Diagnoses at Update

Methamphet.

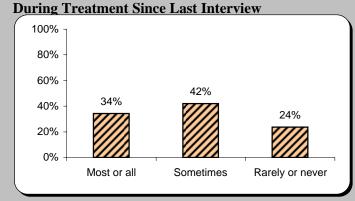
Diagnostic Category	
Drug Dependence	55%
Alcohol Dependence	42%
Drug Abuse	26%
Alcohol Abuse	18%
Major depression	33%
Bipolar disorder	17%
Schizophrenia	3%
Anxiety disorder	11%
PTSD	4%
Personality disorder	6%
Only most common diagnoses shown. Multiple	e response

3-3: Drug Test Results During Treatment

	Since Last Assessmt
Number of consumers tested	29
Percent of consumers tested	17%
Average # of tests for each consumer tested	2.0



3-4: Attendance at Scheduled Treatment Sessions,



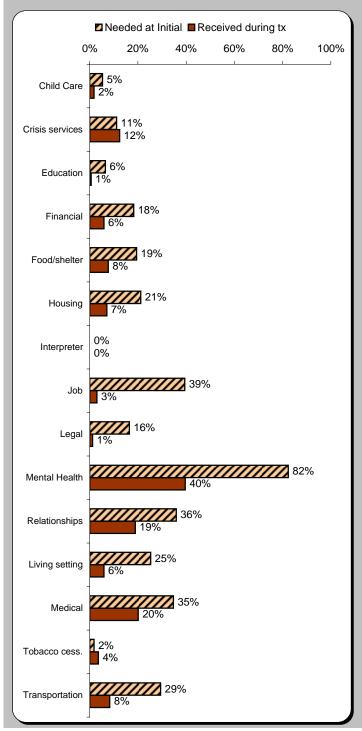
3-5 Family Involvement with Staff Concerning Treatment Services and/or Person-centered Planning During Past 3-months of Treatment

Family Involvement with	
Treatment Services and/or PCP	12%
Treatment Services	12%
Person-centered planning (PCP)	4%



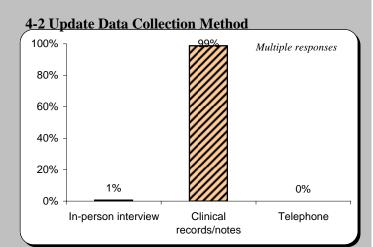
4-1: Services Needed and Received

This chart compares information from the Initial Interview about whether a service area is very important to information from the Update Interview about whether the service was received during treatment.

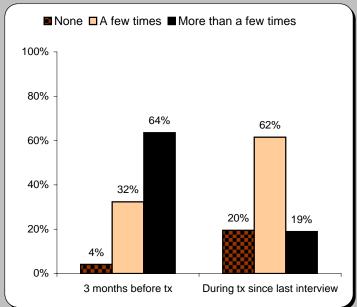


Part II

Charts and Graphs 4-2 thru 5-9 are related to consumers' employment, daily activities, living situtation, substance use, and arrests. Some graphs and tables compare information collected at the Initial Interview with information collected in the Update or Episode Completion (Discharge) Interview. Initial information is designed to be collected by means of a personal interview with the consumer. The preferred method for completing the Update items in this section is by means of a personal interview, however, telephone interview, or clinical records or notes are also used. Chart 4-2 shows how it was completed for the current group of consumers:

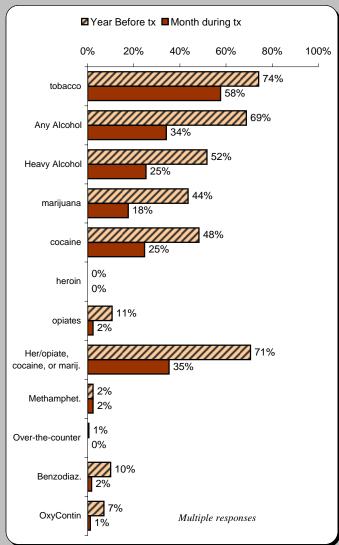


4-3: How Often Problems Interfere with Work, School, or Other Daily Activities





5-1: Substance Use



5-2: Cigarette Smoking

	Month	Month during
	before tx	tx
Smoke cigarettes	74%	57%
Smoke a pack a day or more	46%	38%

5-3 Homeless Consumers

	3-Months before tx	During tx since last interview
In Shelters	7	5
Not in Shelters	5	3
Total Homeless	12	8
Note: see introduction for explanations of tin	ne periods used	l.

5-4: Employment

	3-Months before tx	Month during tx
% In labor force	76%	68%
Of those in the labor force		
Employed full-time	26%	23%
Employed part-time	9%	14%
Unemployed (seeking work)	65%	63%
Of those working		
Supported employment	7%	16%
Transitional employment	11%	2%

5-5: Justice System Involvement

15% of Johnston consumers were under correctional supervision at the time of their Update Interview.

5-6: Arrests

	Month	
	before tx	Month during tx
Any arrest	8%	0%
Misdemeanor arrest	5%	0%
Felony arrest	4%	0%

5-7: Children Under 18

43% of Johnston consumers have children under age 18.

5-8: Custody Issues During Treatment

	# Since Last Assessment
Gained custody of child(ren)	0
Lost custody	5
Began seeking custody	0
Stopped seeking custody	0
Continued seeking custody	4
New baby removed from custody	0

5-9: DSS Investigations During Treatment

	# Since Last Interview
Consumer investigated by DSS	
for child abuse or neglect	4
Investigation was due to infant	
testing positive on drug screen	0



Part III

Part III compares Initial information with information from Section III of the Update. Section III has questions that must be answered by the consumer. If the consumer is not available, these items are skipped and left blank. Because this information is so valuable, it is important to have the consumer available at each Update or Discharge interview.

* 2 of the 170 (1%) of Johnston interviews included a personal inteview with the consumer.

Since there are fewer than 20 consumers responding to these items, these data are not displayed.

If sufficient Update Interviews with personal interviews were available, charts and graphic information would be presented showing:

Abstinence from alcohol and other drugs

Non-medical injection of drugs

Severity ratings for mental health symptoms

Suicidal thoughts

Self-destructive behavior

Risky sexual activity

Aggressive behavior such as hitting another person

Experiencing physical violence

Experiencing sexual violence

Participating in positive activities such as self-help groups

Taking psychotropic medications

Quality of life ratings on physical health, emotional well-being

Types of health care services received

Ratings of helpfulness of 11 program services



Appendix

Adult Substance Abuse Consumers

Acronyms and Abbreviations used in this Report

Acronym or Term	Definition
ACT	Assertive Community Treatment
ADMRI	Target population: Adult with both mental retardation and mental illness
ADSN	Target population: Adult with Developmental Disability
Af American	African American
AMDEF	Target population: Adult mental health deaf or hard of hearing
AMOLM	Target population: Adult consumer receiving Olmstead services
AMPAT	Target population: Adult MH consumer who is homeless (PATH program).
AMSMI	Target population: Adult with serious mental illness
AMSPM	Target population: Adult with serious and persistent mental illness
AOD	Alcohol or other drugs
ASCDR	Target population: Adult SA injection drug user at risk for communicable disease
ASCJO	Target population: Adult SA who is a criminal justice offender
ASDHH	Target population: Adult SA consumer who is deaf or hard of hearing
ASDSS	Target population: Adult SA consumer who is involved with DSS
ASDWI	Target population: Adult SA consumer who is receiving DWI offender treatment
ASHMT	Target population: Adult with a chronic substance abuse disorder
ASHOM	Target population: Adult SA consumer who is homeless
ASWOM	Target population: Adult SA consumer who is pregnant or has dependent children
Benzodiaz.	Benzopdiazepine(s)
Buprenorph.	Buprenorphine
CASAWORKS	Residential program initiative designed to help substance abusing women
Cauc.	Caucasian
Crim. Justice or CJ	Criminal Justice
CST	Community support team
Detox	Detoxification
DSM	Diagnostic and Statistical Manual (Edition IV)
DSS	Division of Social Services
DWI	Driving while Impaired
GED	General Education Diploma (High School Equivalency)
H or I felon	Class H or I felon (controlled substance) who applied for food stamps
Her	Heroin
Inpt.	Inpatient
Marij.	Marijuana
Med. Mgmt.	Psychiatric medication management services
Methamphet.	Methamphetamine(s)
Methamphet. Tx. Init.	Methamphetamine Treatment Initiative
метатрпет тх. тіт. МН	Mental Health
Outpt. Commitment	Outpatient Commitment
PSR	Psychosocial rehabilitation
PTSD	Post-traumatic Stress disorder
SA	Substance Abuse or Substance Abuser
SSI/SSDI	Supplemental Security Income or Social Security Disability Insurance
TASC	Treatment Accountability for Safer Communities
TBI	Traumatic brain injury
THC	Tetrahydrocannabinol, the psychoactive substance in marijuana
Tobacco cess.	Tobacco cessation
Tx	Treatment
Work First	DSS program for temporary assistance to needy families

Note; Refer to web page for more complete definitions of target populations:

http://www.dhhs.state.nc.us/mhdd/sas